

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RCE/216-1
I.P.T.O.

AUG 15 2005

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

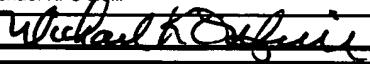
| | |
|------------------------|-------------------|
| Application Number | 09/458,689 |
| Filing Date | December 10, 1999 |
| First Named Inventor | Ryo Fujimoto |
| Group Art Unit | 2167 |
| Examiner Name | S.R. Pannala |
| Attorney Docket Number | 03560.002512 |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53(d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

| | |
|----|--|
| 1. | Submission required under 37 C.F.R. § 1.114 |
| a. | <input type="checkbox"/> Previously submitted <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input type="checkbox"/> Other _____ |
| b. | <input checked="" type="checkbox"/> Enclosed <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____ |
| 2. | Miscellaneous |
| a. | <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(l) required) |
| b. | <input type="checkbox"/> Other _____ |
| 3. | Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed. |
| a. | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies in the following fees, or credit any overpayments, to Deposit Account No. 06-1205 <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e) ii. <input checked="" type="checkbox"/> Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) iii. <input type="checkbox"/> Other _____ |
| b. | <input checked="" type="checkbox"/> Check in the amount of \$ 790.00 is enclosed |
| c. | <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

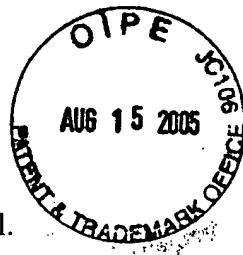
| | | | |
|-------------------|---|-----------------------------------|--------|
| Name (Print/Type) | Michael K. O'Neill | Registration No. (Attorney/Agent) | 32,622 |
| Signature |  | | |
| Date | August 12, 2005 | | |

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: August 12, 2005

| | |
|-------------------|---|
| Name (Print/Type) | Michael K. O'Neill |
| Signature |  |
| Date | 32,622 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Director of the U.S.P.T.O., P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



In re Application of:

RYO FUJIMOTO, et al.

Application No.: 09/458,689

Filed: December 10, 1999

For: IMAGE MANAGING APPARATUS AND
METHOD, IMAGE RETRIEVING APPARATUS
AND METHOD, AND STORAGE MEDIUM

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 54 | MINUS | ** 54 | = 0 | x \$25 \$50 | - 0 - |
| INDEP. CLAIMS | * 9 | MINUS | *** 9 | = 0 | x \$100 \$200 | - 0 - |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | - 0 - |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

August 12, 2005

(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicant)

August 12, 2005

Signature

Date of Signature

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 100502v1